

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8544

State File No. \_\_\_\_\_

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>1257</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>   |  | c. LENGTH OF STAY (in this place) <u>since 1917</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp. 11th &amp; Harrison</u>   |  |  |  | d. STREET ADDRESS (If rural, give location) <u>3905 E. 18th</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Dora</u>   |  | b. (Middle) <u>E.</u>  |  | c. (Last) <u>Bryant</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 16, 1950</u>  |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>   |  | 8. DATE OF BIRTH <u>Nov. 5, 1878</u>  |  |
| 9. AGE (In years last birthday) <u>71 yrs.</u>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>Aaron Long</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Simmons</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Charles H.</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>   |  | 16. SOCIAL SECURITY NO. <u>none</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Clifford Bryant 3905 E. 18th</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><br><br><br><br><br><br><br><br><br><u>1 1/2 years</u> |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u>   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                         |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? _____  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Feb 1, 1950</u> , to <u>March 16, 1950</u> , that I last saw the deceased alive on <u>March 16, 1950</u> , and that death occurred at <u>10:25 P. M.</u> , from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE <u>Herbert D. Ramsey</u> (Degree or title) <u>D.O.</u>  |  |  |  | 23b. ADDRESS <u>2105 Independence Ave., N. C.</u>   |  | 23c. DATE SIGNED _____  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |  | 24b. DATE <u>3/20/50</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>                                    |  |
| DATE REC'D BY LOCAL REG. <u>3-17-50</u>  |  | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Geo. F. Porter &amp; Sons K. C. Ks.</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3751

P. O. Address 19<sup>th</sup> & Minnesota  
Kansas City, Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.